

SUPPLEMENTAL MEDICAID SCHEDULE KMAP-4

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DISPROPORTIONATE SHARE HOSPITAL QUESTIONNAIRE

FACILITY: _____

FYE: _____

VENDOR NUMBER: _____

- 1a. Did your facility offer nonemergency obstetric services as of December 21, 1987? (ANSWER YES "ONLY" IF THERE WERE "AT LEAST" 2-OB'S OR PHYSICIANS WHO OFFERED NON-EMERGENCY OBSTETRIC SERVICES.)
- Yes
- No
- b. Does your facility predominantly serve individuals under 18 years of age?
If yes, indicate the percent of the individuals under 18 years of age.
- Yes
- No
- %
- c. Does your facility have at least two obstetricians with staff privileges who have agreed to provide obstetric services to Medicaid eligible individuals? In the case of a hospital located in a rural area (that is an area outside a Metropolitan Statistical Area), the term "obstetrician" includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures.
- Yes
- No
2. Enter the total Medicaid inpatient revenues (payments) paid to your facility, plus the amount of cash subsidies received directly from state and local governments.
- \$
3. Enter the total inpatient revenues (payments) paid to your facility, plus the amount of cash subsidies received directly from state and local governments.
- \$
4. Enter the total amount of the facility's charges for inpatient hospital services attributable to charity care (care provided to individuals who have no source of payment, third-party or personal resources).
- The total inpatient charges attributed to charity care should not include bad debts or contractual allowances and discounts (other than for indigent patients not eligible for Medicaid), that is, reductions in charges given to other third party payers, such as HMOs, Medicare or Blue Cross.
- The charges should be net of any cash subsidies for patient services received directly from state and local governments in the period attributable to inpatient hospital services.
- \$
5. Enter the total amount of the facility's charges for inpatient services.
- \$

The above statements are accurate and correct to the best of my knowledge.

Signed: _____

President, Administrator, or Chief Financial Officer